



Post Release Community Supervision Release Planning For Mental Health

September 29, 2011

Version 1

This information includes the processes developed to date from joint, multidisciplinary workgroups involving CDCR, counties, the California Mental Health Directors Association and many other stakeholders related to mental health as a part of California's correctional system realignment. Those efforts will continue. Changes, additions and questions are welcomed and can be directed to the workgroups and contacts identified in this document. Where consensus has not been obtained regarding specific processes, CDCR has relied on the current Non-Revocable Parole processes in place, with one notable exception; information for those offenders receiving the Correctional Clinical Case Management System (CCCMS) level of care will not be routinely provided to County Departments of Mental Health, unless an offender is subject to a Keyhea order. The intent of providing this information is to assure that counties receive mental health information for offenders being released to Post Release Community Supervision. The CDCR mental health program is fully committed to meeting the needs of the counties for information and pre-release planning within the current resources available. Resources will be prioritized based on the consensus of key stakeholders regarding the information and processes that will be most helpful to the counties. This information and any updates will be widely distributed and posted on CDCR's website.

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I. Definitions

A. Terms Used in this Document

CCAT – Coordinated Clinical Assessment Team

CDCR – California Department of Corrections and Rehabilitation

CMHDA – California Mental Health Directors Association

County DMH – County Department of Mental Health

CRM – Case Records Manager

DCHCS – CDCR's Division of Correctional Health Care Services

DMH – California Department of Mental Health

ICF – Intermediate Care Facility

Keyhea – The CDCR process allowing for court ordered, involuntary administration of psychotropic medications based on the case Keyhea v. Rushen and Penal Code section 2600.

MHSDS – Mental Health Services Delivery System

PRCS – Post Release Community Supervision

WIC 5150 – Welfare and Institutions Code (WIC), Section 5150 allows a qualified officer or clinician to involuntarily detain a person for up to 72 hours for an evaluation to determine whether he/she is a danger to him or herself, and/or others, and/or gravely disabled.

B. Descriptions – CDCR Mental Health Services Delivery System (MHSDS) Levels of Care

Offenders participating in the institution's MHSDS are designated into four categories, dependent on their diagnosis and/or symptoms related to mental illness. The four designations are:

1. **Correctional Clinical Case Management System (CCCMS)** - Offenders designated as CCCMS require a lower level of mental health care and are typically housed within the institution's general population.

2. **Enhanced Outpatient Program (EOP)** - Offenders designated as EOP require a more intensive level of mental health care and are housed separately from the institution's general population.
3. **Mental Health Crisis Bed (MHCB)** - MHCB is an acute level of care that provides short term stabilization and treatment of offenders who are experiencing a severe exacerbation or acute onset of symptoms. These symptoms may result in grave disability, danger to self or others, or other psychiatric issues that require psychiatric observation and stabilization for a brief time period.
4. **California Department of Mental Health (DMH)** - Acute or Intermediate Care Facility (ICF) inpatient mental health care is provided to offenders requiring longer term treatment at a DMH inpatient facility.

II. Notification to Counties Regarding Offenders with Mental Illness Being Released to PRCS

- A. CDCR will provide a Pre-Release Offender Information packet to the County Probation Department Point of Contact approximately 120 days prior to an offender's scheduled release from prison to PRCS. The package of information will inform the counties of the mental health status of offenders being released to PRCS. In addition to criminal history and current offense information, the comprehensive packet includes:
 1. Release Program Study (Form 611) - Form 611 consists of two pages and indicates if there are medical, psychiatric or disability concerns related to the offender. Section IX of the Form 611 designates the current mental health status of the offender at the time of completion of the Form 611.
 2. Mental Health Placement Chrono (128-MH3) - The 128-MH3 indicates if an offender is receiving prison mental health services and is completed by clinical staff.
- B. As the process for release is complex between agencies, the CDCR DCHCS has designated mental health staff at each institution to serve as a mental health PRCS Liaison. These CDCR personnel will be assigned as the county/provider point of contact for offenders releasing to PRCS who may be in need of continued mental health services and are designated to assist the

counties in understanding the process contained in this procedure (See Institutional Mental Health PRCS Liaisons Telephone Contact List).

- C. In addition to providing release packages to the counties, the Case Records Manager at the institution will send a copy of the Release Program Study (CDCR Form 611) to the CDCR Institutional Chief of Mental Health or their designee. Receipt of the Form 611 serves as notification that an offender on the CDCR mental health caseload will be released to PRCS and to trigger the process to gather mental health information to release to the counties as described in this procedure.
- D. For offenders releasing to counties “opting in” to receive the standard packet of mental health information for designated offenders (“opting in” will be described below), the CDCR Chief of Mental Health will ensure the CDCR primary clinician is notified to obtain a signed release of information from the offender to allow CDCR to send mental health information to the county. When the release is obtained from the offender, the primary clinician will send the signed release to Medical Records and request that Medical Records send the standard package of information to the County DMH. *Generally, a refusal to sign a release will not hamper the ability to provide critical mental health treatment upon release and will be discussed in further detail later in the document.*

III. County DMH “opt in” or “opt out” for receipt of health care information on CDCR offenders releasing to PRCS

- A. CDCR is committed to providing mental health care information on designated offenders. However, CDCR must ensure the counties are seeking the information. Therefore, each County DMH will be asked to “opt in” or “opt out” of receiving standard packets of mental health information for designated offenders releasing to PRCS.

If a County DMH “opts in” to receiving a standard packet of mental health information on offenders releasing to PRCS, they will receive information for designated offenders as described in this document. The specific process for releasing the information to the counties will be dictated by the inmate’s mental health level of care and/or willingness to sign a release of medical information form.

To assist in facilitating this procedure, it is the county’s responsibility to provide the following:

1. County contact information and address to mail information on offenders who have signed a release of medical information form.
 2. County contact information on who to contact when an inmate has refused to sign a release of medical information to afford a clinician to clinician contact
 3. County contact information to arrange for discharge planning for CDCR inmates being released to PRCS who are in need of immediate crisis placement upon release from prison.
 4. It is requested that a primary and secondary contact are provided for each of these areas.
- B. The following standard package of information will be sent to counties, who have “opted in” to receive mental health information contingent on the policies contained herein.
1. **Package Cover Sheet** - The cover sheet indicates the name and contact information of the CDCR mental health PRCS Liaison who can be contacted for additional information.
 2. **Mental Health Form 7390-Abnormal Involuntary Movement Scale (AIMS) Examination for Tardive Dyskinesia** - This form is used to document the assessment of involuntary movement disorders for inmates who are receiving antipsychotic medications.
 3. **Mental Health Form 7447-Suicide Risk Evaluation** - This form is used to document suicide risk factors and assessment about acute and chronic suicide risk level.
 4. **Mental Health Form 7388-Mental Health Treatment Plan** -This form is used to document the treatment plan including: clinical summary, problems, interventions, medications, and goals of treatment. This document is updated annually.
 5. **Mental Health Form 7389-Brief Mental Health Evaluation** -This form is used to summarize the clinical history, current presentation, and diagnosis.
 6. **Mental Health Work Sheet** - This form is used to document current mental health status and functioning at time of release and will be

completed by the primary clinician once notified that the offender is releasing to the PRCS. It includes information related to supplemental benefits applied for, county of residence, whether or not a Medi-Cal application was completed, clinical information, and level of functioning, including activities of daily living such as the offender's ability to use public transportation.

IV. Applicability of this Process – General Description

- A. This process does **not** apply to offenders released to State Parole.
- B. This process does **not** apply to offenders who receive CCCMS services unless the offender is subject to a Keyhea order. This is the lowest level of mental health care for offenders who have stable conditions and can be housed within general population. These offenders are seen every three months by a primary clinician or more frequently as needed.
- C. This process applies to offenders receiving EOP services or a higher level of care.
- D. The PRCS release process is based on the process established for pre-release for offenders being released to Non-Revocable Parole (NRP) with some notable exceptions:
 - 1. The establishment of prison MH liaisons/points of contact for the counties versus all HQ based.
 - 2. Inclusion of Probation since PRCS have supervision attached after release whereas NRP did not.
 - 3. Counties will now get indicators on pre-release packet to triggering them to reach out to prison contact when case flagged, versus NRP gave no indicators to initiate the county contact to CDCR, therefore on NRP, CDCR needed to recognize and initiate contact with county as needed.
- E. As CDCR mental health services and the counties agree to changes, the PRCS process will be updated and distributed to all key stakeholders and placed on the CDCR website.

V. Overview of CDCR Release Planning Process and Release of Health Care Information Based on Acuity

Release planning efforts for offenders will vary depending on acuity and need of the offender as follows:

- A. **CCCMS** - Prior to release, offenders receiving services in the CCCMS level of care will receive an information packet from their primary clinician or mental health pre-release staff identifying resources in their county of residence so they can seek needed services. Generally, CDCR mental health services will not send clinical information regarding the offender to the County DMH per agreement with the CMHDA. There is an exception when a CCCMS offender is subject to involuntary treatment pursuant to a current Keyhea order and a process for county mental health to request medical records upon release. Both will be described below.
- B. **Keyhea, EOP, Mental Health Crisis and Department of Mental Health Placements** - For offenders receiving CCCMS services who are subject to a Keyhea order and those receiving EOP services or a higher level of care within CDCR, the primary clinician will attempt to obtain a signed release of information from the offender. Once the inmate signs the waiver, the release will be sent to the institution Medical Records office requesting that the standard package of mental health information be sent to the County DMH . Based on the acute need of the offender, the contact with the County and release of mental health information to the county for these offenders will occur even if a county does not “opt in” to receive mental health information.
- C. **Offender’s Refusal to Release of Information Form** - CDCR will always attempt to gain consent from an offender before releasing their mental health records. If the offender does not consent to the release of his medical information, the Institution’s PRCS Liaison will contact the County Designee to advise them that the inmate has refused to provide consent and that a licensed clinician can contact them to obtain information in order to provide treatment to the offender.

The CDCR mental health PRCS Liaison and primary clinician will be available to consult with licensed providers designated by the County DMH for offenders subject to a Keyhea order or receiving EOP or higher to coordinate follow up care. An inmate’s refusal to sign an authorization is not a barrier to the disclosure of his or her medical information when that information is needed to arrange for treatment. In accordance with California and federal

law, providers may discuss personal health information when necessary to assess the availability and need for treatment. County providers may obtain information at any time by contacting the institutional Mental Health PRCS Liaison.

VI. Pre-Release Planning Process for CDCR Offenders in Psychiatric Crisis Prior to Release

A. Process

If at any time between notifications of release up until the date of the offender's planned release to PRCS, the primary clinician believes the offender may require immediate follow up care upon release, the primary clinician will follow current policy and then work with the institution PRCS Liaison who will contact the CDCR Departmental PRCS Coordinator to arrange for care. The Departmental PRCS Coordinator will contact the County to arrange for care if the offender:

- Is a danger to self or others or gravely disabled
 - Is not taking prescribed medications
 - Cannot follow simple directions
 - Has had multiple parole revocations
 - Has had multiple suicide attempts
 - Has been in restraints frequently
 - Is subject to a Keyhea order (forced medication)
 - Has a long history of serious mental illness
 - Has psychotic symptoms
 - Receives injectable medications
 - Is having auditory and/or visual hallucinations
 - Is on Clozaril
 - Is unable to use public transportation and/or obtain food or shelter upon release
1. The CDCR mental health primary clinician or institutional PRCS Liaison will contact CDCR's Departmental Mental Health PRCS Coordinator to notify them that an offender may need immediate care upon release. The CDCR and State DMH CCAT may also identify offenders in need of inpatient care upon release to PRCS and refer those to the CDCR Departmental Mental Health PRCS Coordinator through a currently existing process.
 2. The CDCR's Departmental Mental Health PRCS Coordinator will notify the County Probation PRCS Contact of the need for immediate or inpatient care and will notify the institution primary clinician or PRCS

Liaison of the contact with the County. Clinical information regarding the offender's mental health condition may also be provided to the County DMH if so desired by the county.

The County will determine whether or not to arrange for crisis or inpatient care and will notify the CDCR Departmental Mental Health PRCS Coordinator of their decision.

3. The CDCR Departmental Mental Health PRCS Coordinator will also contact the mental health primary clinician or PRCS Liaison at the institution to collaborate on the final release plan.
4. The CDCR Departmental Mental Health PRCS Coordinator will also contact the Transitional Case Management Program (TCMP) to request an evaluation for Veterans, Social Security, and Medi-Cal benefits application unless a benefits application has already been submitted.

B. Transportation of PRCS Offenders in Psychiatric Crisis Upon Release from Prison

1. The CDCR Departmental Mental Health PRCS Coordinator will contact the CRM at the institution and arrange transportation for the offender to the location identified by the County or to a hospital for a WIC 5150 evaluation.
2. Prior to transporting an offender who is being released to PRCS to a community facility for a WIC 5150 evaluation, the primary clinician must advise the offender that he or she will be transported to a community facility for psychiatric evaluation.
 - a) CDCR staff will not remain with the PRCS offender after they are transported to the designated community facility. It is recommended that the County arrange for a liaison with CDCR transportation personnel at the facility.
 - b) The releasing institution shall ensure that the inmate is transported to the community facility with an Application for 72 Hour Detention for Evaluation and Treatment Form (MH 302), medical clearance, current mental health evaluation indicating grave disability and/or danger to self or others relevant to serve

as probable cause for the WIC 5150 placement. This evaluation will be dated the day the offender leaves the institution and should include the historical course of the offender's mental disorder (WIC 5150.05). The documents shall be placed in a sealed envelope and provided to the community facility evaluation staff at the time they arrive at the facility with the offender. Unless we have already been doing this and are successful to date, our peace officers are not going to sign that form. Their peace officer authority may not translate to a county organization.

- c) If an offender who is releasing to PRCS is unable to take public transportation due to a mental health condition, the CDCR primary clinician will follow current policy and will then work with the Institutional PRCS Liaison will notify the institutional CRM and contact the County Probation PRCS Contact to coordinate transportation. In some cases, and at the request of the County, CDCR may transfer the offender to an institution in closer proximity of county of residence prior to the offender's release and request that County Probation transport the offender from the institution to their release location.

VII. Recommended County Process Upon Receipt of Pre-Release Offender Information Packages

The State does not mandate nor dictate the policies or procedures for County Probation or County DMH. The below recommendations are suggestions based on a series of meetings with counties and to expedite the sharing of information concerning offenders in CDCR custody.

1. Upon receipt of the Pre-Release Offender Information packet, the County Probation Department's designee may wish to review Forms 611 and 128-MH3 to determine if an offender releasing to PRCS is in need of continued mental health services.

CDCR Form 611, RPS

Section I., Case Factors

Section II., Notification and Registration Requirements / Special Interest

I. CASE FACTORS				
CDC NUMBER	NAME (LAST, FIRST, MI)		COUNTY OF COMMITMENT	COUNTY OF LAST LEGAL RESIDENCE
<input type="checkbox"/> NEW FELON	<input type="checkbox"/> PVWNT	CIBI #:	PLACEMENT SCORE	SCHEDULED RELEASE DATE
US ICE HOLDS PLACED		IF YES, INDICATE US ICE "A" NUMBER	ILLEGAL ALIEN:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> ACTUAL	<input type="checkbox"/> POTENTIAL
OTHER HOLDS(S)		IF YES, INDICATE AGENCY AND HOLD NUMBER	REFERRED TO DMH PURSUANT TO:	<input type="checkbox"/> PREVIOUSLY DEPORTED
<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> 2962 PC	<input type="checkbox"/> 6601 W&IC
STATUS:				

IX. MEDICAL/PSYCHIATRIC				
<input type="checkbox"/> NO DISABILITY	<input type="checkbox"/> DPP (Attach CDCR 1845)	<input type="checkbox"/> DD (Attach CDCR 128C-2)	<input type="checkbox"/> EOP	<input type="checkbox"/> CCCMS
<input type="checkbox"/> KEYHEA				
LIST SPECIFIC MEDICAL/MENTAL HEALTH, OUTPATIENT CLINIC NEEDS, AND MEDICAL CONCERNS/DISABILITIES:				
TB CODE	PER CDCR 128C DATED	CASEWORKER SIGNATURE AND DATE	PRINT LAST NAME	PHONE NUMBER AND EXTENSION

Specifically if an offender is designated on the Form 611 as:

- a) **CCCMS** - County Probation may wish to note the history of mental illness history and advise the offender of resources available at initial interview after release from prison. Offenders will also be provided with a list of mental health resources by the primary clinician or pre-release staff upon release. CDCR will not send mental health records to County DMH prior to release, unless the offender is subject to a Keyhea order, because these offenders are normally able to navigate adequately within the community and access needed resources.

Once released, if the County treating clinician believes that they need CDCR mental health information they can obtain a release of information from the offender, using the release form located at the following link:

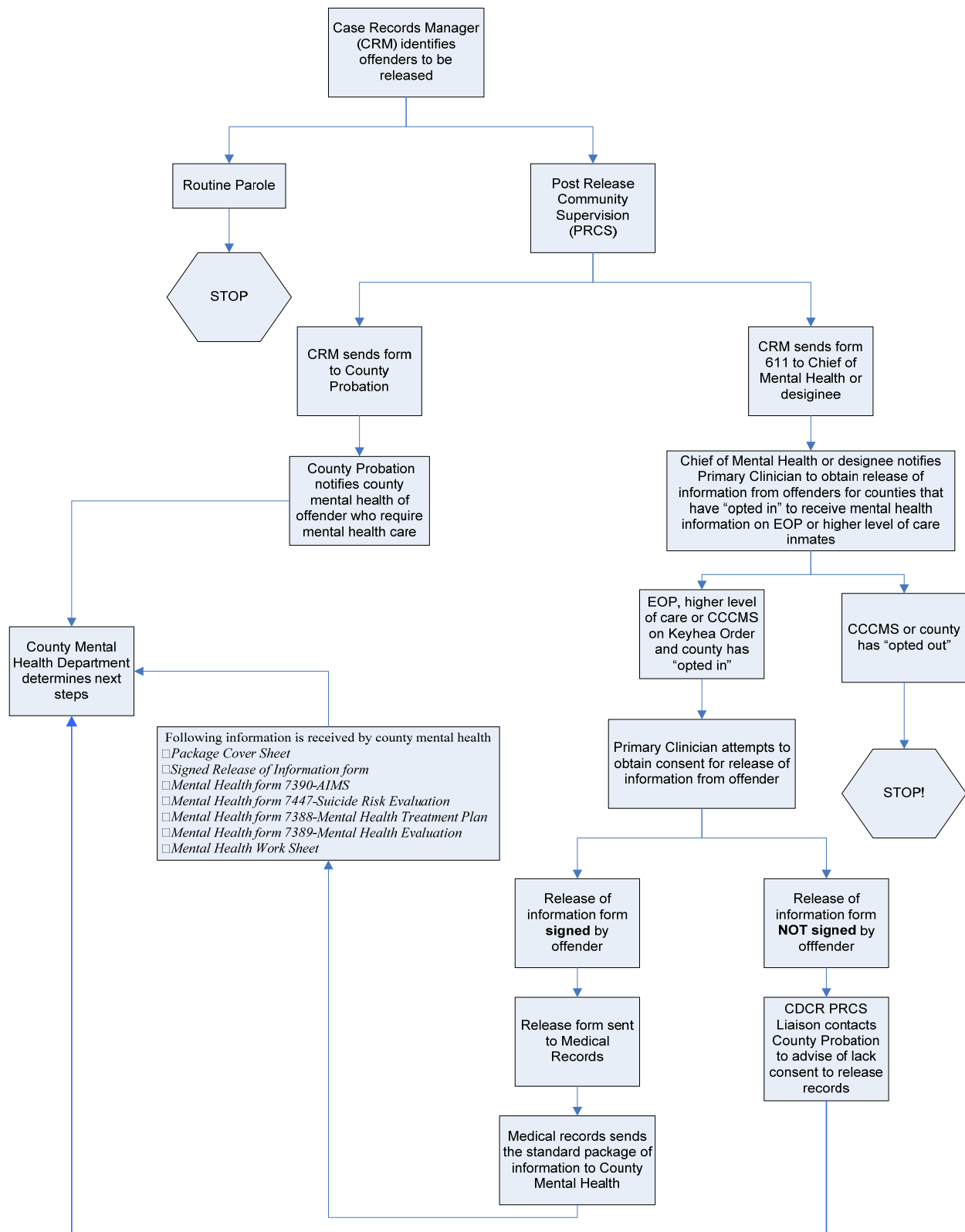
<http://www.cphcs.ca.gov/docs/resources/CDCRForm7385.pdf>

If the County treating clinician obtains consent for release of information from the offender and would like to talk to the CDCR

primary clinician, they can contact the institution's PRCS liaison and fax the release of information form. The CDCR primary clinician can provide information by phone to the County treating clinician and forward the consent to release information form to Medical Records. If the County treating clinician is not able to obtain consent from the offender, the primary clinician at the releasing institution can provide whatever information is needed to assist the clinician in providing care despite the lack of consent.

- b) **EOP** – County Probation may want to note the need for mental health services and contact County DMH to assure appropriate follow up care. For offenders receiving EOP care, CDCR mental health services will provide mental health information to the County DMH as described above.
 - c) **Keyhea** – County Probation may wish to note that the offender is currently receiving psychotropic medications involuntarily pursuant to a court order and contact County DMH to assure appropriate follow up care. The same information will be provided as for offenders receiving EOP services (see above). Involuntary medications is also known as a “Keyhea Order,” after the Keyhea vs. Rushen case establishing the process for CDCR to involuntarily administer psychotropic medications to inmates whose mental illness makes them a danger to self, danger to others or gravely disabled.
2. The County DMH may wish to contact the CDCR primary clinician noted on the cover sheet of the mental health information already provided to the County DMH in the case of offenders in the CDCR EOP or higher level of care. County DMH may contact the CDCR primary clinician to discuss the offender's clinical condition, schedule a telephone consultation with the offender and the primary clinician, or to make arrangements for community care upon release.

VIII. Flow Chart for Pre-Release Planning Process



IX. Accessing Health Records Information after an Offender's Release from Prison

After release from prison, an offender's Unit Health Records are stored and managed at the California Correctional Health Care Services' Health Records Center. Requests for inmate health records after release from prison can be sent to:

1. Mail request to:

Health Records Center
P.O. Box 942883
Sacramento, CA 94283

2. Fax Request to: (916) 229-0002

All requests should include an Authorization for Release of Information, which can be accessed at:

<http://www.cphcs.ca.gov/docs/resources/CDCRForm7385.pdf>

For additional information on requesting Health Records after an inmate's release from prison, please contact the California Correctional Health Care Services' Health Records Center, at (916) 229-0475.

X. Benefit Entitlement Applications – Transitional Case Management Program

In collaboration with the United States Social Security Administration, California Department of Health Care Services and United States Veteran's Affairs; the CDCR has entered into formal agreements for a pre-release benefits application and eligibility determination process for potentially eligible inmates.

The Division of Adult Parole Operations manages a program that utilizes contracted benefits workers within the prisons to apply for federal and state benefit entitlements prior to an inmate's return to the community. The target population is inmates within 90-120 days to release that are medically or developmentally disabled or have serious mental illness.

The program prioritizes the inmates assisted with benefit applications by acuity and need as follows:

1. Long-term medical care and inpatient mental health care.
2. Board & care/assisted living, in-home health care, and hospice.
3. Chronic illness requiring life sustaining assistance (i.e., dialysis, continuous oxygen).
4. Inmates with mental illness designated EOP or above.
5. HIV/AIDS.
6. Developmentally disabled or other qualifying disabilities.
7. Inmates with mental illness designated CCCMS.

CDCR is committed to continuing the current process for all inmates leaving state prison as long as funding and resources are available to complete the process. However, the current funding and staffing level for the benefits workers does not permit CDCR to apply for benefits for all potentially eligible releasing inmates and only 25 percent of current offenders needing benefits services receive assistance prior to release from prison. Therefore, the focus remains primarily on the first four priorities. As funding and staffing levels permit from fiscal year to fiscal year, CDCR will continue providing benefit entitlement application assistance to releasing inmates within criteria 1-4.

Additionally, the California Correctional Health Care Services in conjunction with the Division of Correctional Health Care Services, is implementing a program for inmates to apply for and obtain Medi-Cal eligibility when receiving inpatient medical treatment outside of the prisons. This effort may result in an increase of inmates releasing with Medi-Cal eligibility already established.

Inquiries regarding whether or not a benefits application has been completed for the offender and the status of the application should be addressed to the assigned institution mental health PRCS Liaison.

For additional information on the Division of Adult Parole Operations' Transitional Case Management Program, please email the TCMP Program at tcmp.cdcr.ca.gov.

XI. Partnership with NAMI (National Alliance of Mental Illness)

In addition to providing information to the County DMH, CDCR is working on a process with Counties and NAMI to attempt to contact the offender's family, friends or other known resources, as appropriate and will notify the County DMH regarding interest from the family and/or others to assist in the PRCS offender's reentry planning. CDCR is working with NAMI (National Alliance for Mental Illness) and others to determine ways in which primary clinicians and mental health pre-release staff can engage families. NAMI can link families to supportive services to assist them in helping the offender reintegrate into their community and obtain needed services.

XII. Resource Information

A. Links

1. In addition to local resources known by the County Probation Department and the Department of Mental Health, the following Community Resource Directory link is available on the CDCR internet site:
http://www.cdcr.ca.gov/Community_Partnerships/Resource_Directory.aspx.
2. Contact Information for County Departments of Mental Health:
<http://www.dmh.ca.gov/docs/cmhda.pdf>
3. CDCR Information on AB 109:
<http://www.cdcr.ca.gov/realignment/index.html>

B. Institutional Mental Health PRCS Liaisons

Institutional Pre-Release Liaisons with Counties				
INST.	Role	Name	Phone	Email
ASP	Primary	Ratana Tak	559-386-0587 x:6607	Ratana.Tak@cdcr.ca.gov
	Back Up	Dermot McLoughlin	559-386-0587 x:8406	Dermot.McLoughlin@cdcr.ca.gov
CAL	Primary	Rigovertto Briceno	760-348-7000 x:5457	rigovertto.briceno@cdcr.ca.gov
	Back Up	Amber Rose	760-348-7000 x:5456	amber.rose@cdcr.ca.gov
CCC	Primary	Rob Blanthorn	530-251-5100 x:6749	rob.blanthorn@cdcr.ca.gov
	Back Up	Jim Morrow	530-251-5100 x:6785	jim.morrow@cdcr.ca.gov
CCI	Primary	Paul Thornburg	661-822-4402 x:3955	paul.thornburg@cdcr.ca.gov
	Back Up	Carole Matlen	661-822-4402 x:4358	carole.matlen@cdcr.ca.gov
CCWF	Primary	Sheila Kircher	559-665-5531 x:7091	sheila.kircher@cdcr.ca.gov
	Back Up	Damon Wood	559-665-5531 x:5725	damon.wood@cdcr.ca.gov
CEN	Primary	Yanira Servin	760-337-7900 x:7050	yanira.servin@cdcr.ca.gov
	Back Up	Phyllis Smerud	760-337-7900 x:7048	phyllis.smerud@cdcr.ca.gov
CIM	Primary	Charles Latona	909-597-1821 x:5453	charles.latona@cdcr.ca.gov
	Back Up	Edwin Hegg	909-597-1821 x:5444	edwin.hegg@cdcr.ca.gov
CIW	Primary	Nancy Padberg	909-597-1171 x:7269	nancy.padberg@cdcr.ca.gov
	Back Up	Paloma Velez	909-597-1771 x:7525	paloma.velez@cdcr.ca.gov
CMC	Primary	Shirley Summers	805-547-7900, x:4279	shirley.summers@cdcr.ca.gov
	Back Up	Dan Woehl	805-547-7900, x:4232	dan.wohl@cdcr.ca.gov
CMF	Primary	Dana Matalon	707-448-6841 x:2515	dana.matalon@cdcr.ca.gov
	Back Up	Gena Ninivaggio	707-317-3208	gena.ninivaggio@cdcr.ca.gov
COR	Primary	Micheal Roberts	559-992-8800 x: 6340	Michael.Roberts@cdcr.ca.gov
	Back Up	Debbie Mattos	559-992-8800 x: 5323	debbie.mattos@cdcr.ca.gov
CRC	Primary	Canise Lewis	951-737-2683 x 2176	Canise.lewis@cdcr.ca.gov
	Back Up	Peter Petito	951-737-2683 x 2829	Peter.petito@cdcr.ca.gov
CTF	Primary	Jennifer Garbarino	831-678-3951 x:4184	Jennifer.Garbarino@cdcr.ca.gov
	Back Up	Alexandra Mathews	831-678-3951 x:4155	Alexandra.Mathews@cdcr.ca.gov
CVSP	Primary	Robert Marquez	760-922-5300 x:6609	robert.marquez@cdcr.ca.gov
	Back Up	Bob Ohrling	760-922-5300 x:7710	Bob.Ohrling@cdcr.ca.gov
DVI	Primary	Franklin Rafanan	209-835-4141 x:6414	Franklin.Rafanan@cdcr.ca.gov
	Back Up	Erin Naus	209-835-4141 x:5497	Erin.Naus@cdcr.ca.gov
FOL	Primary	Lee Pickett	916-985-2561 x:3521	lee.pickett@cdcr.ca.gov
	Back Up	Robert McMahon	916-985-2561 x:3559	robert.mcmahon@cdcr.ca.gov
HDSP	Primary	Rob Blanthorn	530-251-5100 x:6749	rob.blanthorn@cdcr.ca.gov

	Back Up	Jim Morrow	530-251-5100 x:6785	jim.morrow@cdcr.ca.gov
ISP	Primary	Robert Marquez	760-922-5300 x:6609	robert.marquez@cdcr.ca.gov
	Back Up	Gary Bresee	760-922-5300 x: 6757	gary.bresee@cdcr.ca.gov
KVSP	Primary	Gregory Barajas	661-721-6300 x:5316	gregory.barajas@cdcr.ca.gov
	Back Up	Marisol Geivet	661-721-6300 x:5313	marisol.geivet@cdcr.ca.gov
LAC	Primary	Christopher Cornell	661-729-2000 x:7860	Christopher.Cornell@cdcr.ca.gov
	Back Up	Mary Freire	661-729-2000 x:7031	Mary.Freire@cdcr.ca.gov
MCSP	Primary	Peggy Bradley	209-274-4911 x: 6514	peggy.bradley@cdcr.ca.gov
	Back Up	Lisa Reynaldo	209-874-4911 x: 6509	lisa.reynaldo@cdcr.ca.gov
NKSP	Primary	Martha Rodriguez	661 721-2345 x: 4051	Martha.Rodriguez@cdcr.ca.gov
	Back Up	Rachel Johnson	661-721-2345 x: 4021	Rachel.Johnson@cdcr.ca.gov
PBSP	Primary	Erica St. Germain	707-465-1000 x:7821	Erica.St.Germain@cdcr.ca.gov
	Back Up	Vincent Cappello	707-465-1000 x:7474	Vincent.Cappello@cdcr.ca.gov
PVSP	Primary	Brad Lumpkin	559-935-4900 x:6602	brad.lumpkin@cdcr.ca.gov
	Back Up	Brianna Satterthwaite	559-935-4900 x:5952	brianna.satterthwaite@cdcr.ca.gov
RJD	Primary	Daniel Patten	619-661-6500 x: 7056	daniel.patten@cdcr.ca.gov
	Back Up	Steven Zudiker	NA	steven.zudiker@cdcr.ca.gov
SAC	Primary	Keith Henriques	916-985-8610 x:6524	Keith.henriques@cdcr.ca.gov
	Back Up	Amy Holliday	916-985-8610 x:8584	Amy.holliday@cdcr.ca.gov
SATF	Primary	Caitlin Chinn	559-992-7100 x:5375	caitlin.chinn@cdcr.ca.gov
	Back Up	Michelle Kurtz	559-992-7100 x:5160	michelle.kurtz@cdcr.ca.gov
SCC	Primary	Rusty Otto	209-984-5291 x:6203	rusty.otto@cdcr.ca.gov
	Back Up	Russell Park	209-984-5291 x:6064	russell.park@cdcr.ca.gov
SOL	Primary	Elaina Jannell	707-451-0182 x: 4519 or 6572	elaina.jannell@cdcr.ca.gov
	Back Up	Judith Herman	707-451-0182 x: 6275	judith.herman@cdcr.ca.gov
SQ	Primary	Christopher Roach	415-454-1460 x:3485	christopher.roach@cdcr.ca.gov
	Back Up	Vita Callari	415-454-1460 x:3736	vita.callari@cdcr.ca.gov
SVSP	Primary	Valerie Golden	831-678-550 x:5113	Valerie.Golden@cdcr.ca.gov
	Back Up	Melissa Park	831-678-5500 x:6754	Melissa.Park@cdcr.ca.gov
VSPW	Primary	Virginia Johnson	559-665-6100 x:6883	virginia.johnson2@cdcr.ca.gov
	Back Up	Anna White	559-665-6100 x:6022	anna.white@cdcr.ca.gov
WSP	Primary	Erik Herrera	661-758-8400 x: 5078	erik.herrera@cdcr.ca.gov
	Back Up	Jaime Howard	661-758-8400 x: 5078	jaime.howard@cdcr.ca.gov

C. County Probation PRCS Contact List

County	Primary Point of Contact	E-Mail Address	Telephone (T) & Fax (F) Number	Secondary Point(s) of Contact	E-Mail	Telephone Number
Alameda County	David Muhammad, Chief Probation Officer	dmuhammad@acgov.org	(T) (510) 268-7233 (F) (510) 839-2776	John Keene, Deputy Chief Probation Officer FAX - (510) 268-2803		
Alpine County	Doug Rublaitus, Chief Probation Officer	drublaitus@alpineso.com	(T) (530) 694-2192 (F) (530) 694-2213			
Amador County	Mark J. Bonini, Chief Probation Officer	mbonini@amadorgov.org	(T) (209) 223-6387 (F) (209) 223-6403			
Butte County	Ken Morgan, Assistant Chief Probation Officer	kwmorgan@buttecounty.net	(T) (530) 538-7335 (F) (530) 538-6826			
Calaveras County	Teri Hall, Chief Probation Officer	thall@co.calaveras.ca.us	(T) (209) 754-6470 (F) (209) 754-4913			
Colusa County	Steve Bordin, Chief of Probation	sbordin@countyofcolusa.org	(T) (530) 458-0656 (F) (530) 458-2895	FAX ATTN: Norma Navarro or Gerry Munoz		
Contra Costa County	Todd Billeci, Director of Probation Field Services	todd.billeci@prob.cccounty.us	(T) (925) 313-4199 (F) (925) 313-4191	Mike Newton, Probation Manager 4549 Delta Fair Boulevard Antioch, CA 94509	michael.newton@prob.cccounty.us	(925) 431-1695
Del Norte County	Thomas E. Crowell, Chief Probation Officer	tcrowell@co.delnorte.ca.us	(T) (707) 464-7215 (F) (707) 465-0302			
El Dorado County	Karina Pitts, Deputy Probation Officer	karina.pitts@edcgov.us	(T) (530) 621-6061 (F) (530) 676-6216			
Fresno County	Rick Chavez, Director	rrchavez@co.fresno.ca.us	(T) (559) 600-3420 (F) (559) 600-1200 attn: Nancy Dominguez			
Glenn County	Brandon D. Thompson, Chief Probation Officer	bthompson@countyofglenn.net	(T) (530) 934-6672 (F) (530) 934-6468	Noreen Nunes (for offenders victims only)	nnunes@countyofglenn.net	(530) 934-6652

Humboldt County	Shaun Brenneman	sbrenneman@co.humboldt.ca.us	(T) (707) 444-0644 (F) (707) 443-7139			
Imperial County	Ralph Cordova, Jr., County Executive Officer	ralphcordova@co.imperial.ca.us	(T) (760) 482-4290 (F) (760) 352-7876 attn: Julia O.	Julia Olague juliaolague@co.imperial.ca.us		
Inyo County	Jeffrey L. Thomson, Chief Probation Officer	jthomson@inyocounty.us	(T) (760) 872-4111 (F) (760) 872-0931	Nick Vaughn, Corporal Inyo County Sheriff's Department	nvaughn@inyocounty.us	(760) 878-0014
Kern County	David M. Kuge, Chief Probation Officer	kuged@co.kern.ca.us	(T) (661) 868-4102 (F) (661) 868-4186			
Kings County	Steve Brum, Chief Probation Officer	kcprcs@co.kings.ca.us	(T) (559) 582-3211 ext. 4315 (F) (559) 583-1467			
Lake County	Daniel Hurst, Chief Probation Officer	danielh@co.lake.ca.us	(T) (707) 262-4285 (F) (707) 262-4292			
Lassen County	Letha Martin, Chief Probation Officer	lmartin@co.lassen.ca.us	(T) (530) 251-8455 (F) (530) 257-9160	Matthew McFarland, Captain Lassen County Sheriff's Office 1405 Sheriff Cady Lane Susanville, CA 96130	mmcfarland@co.lassen.ca.us	
Los Angeles County	Richard Giron, Director	richard.giron@probation.lacounty.gov	(T) (626) 308-5555 (F) (626) 300-8062	Ed Johnson 3606 W. Exposition Blvd. Los Angeles, CA 90016	ed.johnson@probation.lacounty.gov	(323) 298-3501
Madera County	Paul Deorian	pdeorian@maderacounty.com	(T) (559) 675-6739 ext. 218 (F) (559) 675-7978			
Marin County	Michael Daly, Chief Probation Officer	mdaly@co.marin.ca.us	(T) (415) 499-6662 (F) (415) 473-2358			
Mariposa County	Ryan Oliphant, Assistant Chief Probation Officer	roliphant@mariposacountyprobation.org	(T) (209) 742-1290 (F) (209) 742-5961			

Mendocino County	Patricia Guntly, Division Manager	guntly@mendocino.ca.us	(T) (707) 463-6544 (F) (707) 463-5461			
Merced County	James Bucknell, Probation Manager	jbucknell@co.merced.ca.us	(T) (209) 381-1378 (F) (209) 725-3737			
Modoc County	Elias Fernandez, Jr., Chief Probation Officer	leofernandez@co.modoc.ca.us	(T) (530) 233-6325 (F) (530) 233-6363			
Mono County	Beverlee Bryant, Chief Probation Officer	bbryant@mono.ca.gov	(T) (760) 932-5570 (F) (760) 932-5571	Tracie Neal	tneal@mono.ca.gov	(760) 932-5570
Monterey County	Todd Keating, Adult Division Director	keatingt@co.monterey.ca.us	(T) (831) 796-1221 (F) (831) 759-7246			
Napa County	Mary Butler, Chief Probation Officer	mary.butler@countyofnapa.org	(T) (707) 253-8115 (F) (707) 253-4176	Manuel Aguirre	manuel.aguirre@countyofnapa.org	(707) 253-4431
Nevada County	Doug Carver, Chief Probation Officer	doug.carver@co.nevada.ca.us	(T) (530) 265-1205 (F) (530) 265-6293			
Orange County	Sue DeLacy, Division Director	sue.delacy@prob.ocgov.com	(T) (714) 569-2218 (F) (714) 558-6343			
Placer County	Nancy T. Huntley, Division Manager of Adult Supervision Services	nhuntley@placer.ca.gov	(T) (916) 543-7414 (F) (916) 543-7471 or 7472	Brian Passenheim. Supervising DPO Greg Besana, DPO	bpassenheim@placer.ca.gov gbesana@placer.ca.gov	(916) 543-7430 (916) 543-7451
Plumas County	Sharon Reinert, Director	sharonreinert@countyofplumas.com	(T) (530) 283-6200 (F) (530) 283-6165			
Riverside County	Jason Beam, Assistant Division Director	jbeam@rcprob.us	(T) (951) 358-7504 (F) (951) 358-7606			
Sacramento County	Charles Kennedy, Supervising Probation Officer	kennedyc@saccounty.net	(T) (916) 875-6855 (F) (916) 854-9346			

San Benito County	Brent D. Cardall, Chief Probation Officer	bcardall@cosb.us	(T) (831) 636-4070 (F) (831) 636-5682	Robert Tamayo, Deputy Probation Officer II	robert.tamayo@cosb.us	(831) 636-5682
San Bernardino County	Audulio Ricketts, Division Director	aricketts@prob.sbcounty.gov	(T) (909) 387-6094 (F) (909) 387-9667			
San Diego County	Janet Rasco, Probation Operations Support Manager	janet.rasco@sdcounty.ca.gov	(T) (619) 515-8305 (F) (858) 514-3109	Ken Worthington, Probation Director 330 W. Broadway, 5th Floor San Diego, CA 92101		(619) 515-8201
San Francisco County	Wendy Still, Chief Adult Probation Officer	wendy.still@sfgov.org	(T) (415) 553-1687 (F) (415) 553-1717	Ernest Mendieta, Division Director Christy Henzi, Acting Supervisor David Koch, Chief Deputy	ernest.mendieta@sfgov.org christy.henzi@sfgov.org davidkoch@sfgov.org	(415) 553-1787 (415) 553-1821 (415) 734-3015
San Joaquin County	Duane Blevins, Assistant Deputy Chief Probation Officer	dblevins@sjgov.org	(T) (209) 468-9976 (F) (209) 468-8094			
San Luis Obispo County	Robert Reyes, Chief Deputy Probation Officer	rreyes@co.slo.ca.us	(T) (805) 788-2951 (F) (805) 440-2197			
San Mateo County	Regina A. Wilson-Henry, Deputy Chief, Supervision Services	rawilson@co.sanmateo.ca.us	(T) (650) 363-4271 (F) (650) 599-1504	Stuart Forrest, Chief Alba Rosales, Director Larry Silver, Deputy Yvonne Kalber	stuforrest@co.sanmateo.ca.us arosales@co.sanmateo.ca.us lsilver@co.sanmateo.ca.us ykalber@co.sanmateo.ca.us	(650) 312-8803 (650) 312-5549 (650) 312-5247 (650) 312-5337
Santa Barbara County	Beverly Taylor, Deputy Chief Probation Officer, Adult Division	btaylor@co.santa-barbara.ca.us	(T) (805) 739-8306 (F) (805) 331-3342			

Santa Clara County	Sheila Mitchell, Chief Probation Officer	sheila.mitchell@pro.sccgov.org	(T) (408) 278-5900 (F) (408) 944-9748 attn: David Kilmer	David Kilmer, Supervisor Karen Fletcher Michael Clark	david.kilmer@pro.sccgov.org karen.fletcher@pro.sccgov.org michael.clark@pro.sccgov.org	(408) 435-2139 (408) 468-1635 (408) 435-2246
Santa Cruz County	Scott MacDonald, Chief Probation Officer	scott.macdonald@co.santa-cruz.ca.us	(T) (831) 454-3207 (F) (831) 454-3327 attn: Charlie Smith - AB109			
Shasta County	Chelsey Chappelle, Adult Division Director	clchappelle@co.shasta.ca.us	(T) (530) 245-6245 (F) (530) 245-6241			
Sierra County	Jeffrey D. Bosworth, Chief Probation Officer	jbosworth@sierracounty.ws	(T) (530) 289-3277 (F) (530) 289-2821	Chuck Henson, Deputy Probation Officer		(530) 993-4613
Siskiyou County	Jennifer Villani, Adult Division Director	jennifer.villani@co.sisqjustice.ca.us	(T) (530) 841-4369 (F) (530) 841-4157	Laura Marguez, Senior Legal Secretary Todd Heie, Chief Probation Officer Nicole Lcoursiere, Assistant Chief Probation Officer	laura.marguez@co.sisqjustice.ca.us todd.heie@co.sisqjustice.ca.us nicole.lcoursiere@co.sisqjustice.ca.us	(530) 841-4182 (530) 841-4366 (530) 841-4373
Solano County	Kelley Baulwin-Johnson, Probation Services Manager	kbaulwin-johnson@solanocounty.com	(T) (707) 784-6531 (F) (707) 784-7868			
Sonoma County	Carla Maus, Adult Division Director	carla.maus@sonomacounty.org	(T) (707) 565-3372 (F) (707) 565-3778			
Stanislaus County	Mike Hamasaki, Division Director	hmskim@stancounty.com	(T) (209) 567-4126 (F) (209) 567-4188			
Sutter County	John Krohn, Supervising Probation Officer	jkrohn@co.sutter.ca.us	(T) (530) 822-7320 (F) (530) 822-7470			

Tehama County	James Bacquet	jbacquet@tcprobation.org	(T) (530) 527-4052 ext. 3020 (F) (530) 527-1579			
Trinity County	Terry Lee, Chief Probation Officer	tlee@trinitycounty.org	(T) (530) 623-1204 (F) (530) 623-1237			
Tulare County	Janet M. Honadle, Chief Probation Officer	jhonadle@co.tulare.ca.us	(T) (559) 713-2750 (F) (559) 730-2626	Pat Aldrich, Probation Division Manager	paldrich@co.tulare.ca.us	(559) 713-2828 (559) 740-2804
Tuolumne County	Adele Arnold, Chief Probation Officer	aarnold@co.tuolumne.ca.us	(T) (209) 533-7517 (F) (209) 533-7564	Dan Hawks, Adult Division Manager	dhawks@co.tuolumne.ca.us	(209) 522-7537
Ventura County	Sandra Carrillo, Supervising Deputy Probation Officer	sandra.carrillo@ventura.org	(T) (805) 385-8622 (F) (805) 385-8563	Patricia Olivared, Division Manager Adult Services 800 South Victoria Avenue Pre-trial Detention Facility #L3200 Ventura, CA 93009	patricia.olivares@ventura.org	(805) 654-2115
Yolo County	William Oneto, Senior Deputy Probation Officer	william.oneto@yolocounty.org	(T) (530) 406-5330 (F) (530) 661-1211			
Yuba County	Randall C. Moore, Program Manager, Adult Division	rmoore@co.yuba.ca.us	(T) (530) 749-7549 (F) (530) 749-7364			

D. CDCR Mental Health Services Delivery System Population
MENTAL HEALTH POPULATION AND PERCENTAGES
AS OF SEPTEMBER 14, 2011

MALE		% Male MH Pop	% Male CDCR Pop
<i>Total Male MH Pop</i>	33,819		22.3%
CCCMS	27,512	81.4%	18.2%
EOP	4,790	14.2%	3.2%
PSU	364	1.1%	0.2%
MHCB	330	1.0%	0.2%
DMH ICF	624	1.8%	0.4%
DMH APP	199	0.6%	0.1%

FEMALE		% Female MH Pop	% Female CDCR Pop
<i>Total Female MH Pop</i>	3,227		34.2%
CCCMS	3,016	93.5%	32.0%
EOP	161	5.0%	1.7%
PSU	18	0.6%	0.2%
MHCB	12	0.4%	0.1%
DMH APP/ICF	20	0.6%	0.2%

* These numbers do not include wait list data.

E. Disclosure of Protected Health Information

Both the California Confidentiality of Medical Information Act (CMIA) and federal medical privacy regulations (HIPAA) permit the use and disclosure of protected health information by health care providers without an authorization by the individual to whom the information pertains when that information is used or disclosed for treatment, payment or health care operations. [45 C.F.R. 164.502; Civ. Code §56.10(c)(1) – (3)]

The HIPAA regulations generally require a covered entity obtain the consent of an individual to use or disclose protected health information. [45 C.F.R. 164.506(b)(1)] However, consent by the individual whose medical information is being disclosed to another health care provider for treatment is not required.

An inmate's refusal to sign an authorization is not a barrier to the disclosure of his or her medical information to arrange for treatment. Arrangement for the continuity of care is a form of treatment. HIPAA defines "treatment" to mean, "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another." [45 CFR 164.501]

F. Transitional Protocol Workgroups for Mental Health and Medical Services

The CDCR Office of Communications and External Affairs established a transitional protocol workgroup which is co-hosted by the California State Association of Counties. Representatives from several organizations attend work group meetings including several CDCR divisions, California Correctional Health Care Services, California Hospital Association, California Mental Health Directors Association, Chief Probation Officers of California, County Counsels, County Health Executives, Public Guardians, and County Welfare Directors Association.

The purpose of the workgroup is to bring together stakeholders to determine information needs, notification timelines and treatment coordination roles for

inmates releasing to PRCS. The group has reoccurring bi-weekly meetings specific to developing mutually agreeable processes.

For additional information or to request to be part of the process, please contact

Thy Vuong, at (916) 327-0277 or Thy.Vuong@cdcr.ca.gov.

G. Division of Correctional Health Care Services Mental Health Pre-Release Workgroup

1. Goals:

- a) Redesign prison-based mental health pre-release process/services to be more effective
- b) Meet the needs of counties in linking high risk, high need inmates to care
- c) Focus on inmates in EOP or higher levels of care
- d) Increase involvement of families to increase success of inmates

2. Participants:

- a) DCHCS Pre-Release Programs
- b) California Mental Health Directors Association
- c) Chief Probation Officers of California
- d) NAMI (National Alliance on Mental Illness)
- e) Other interested stakeholders

3. To participate contact:

Michael Morrison

Michael.Morrison@cdcr.ca.gov

916-323-6299

H. Other Contact Information

- General questions that are not related to a specific offender can be sent to:

Email: AB109MHdentalhelp@cdcr.ca.gov

Phone: 916-324-9482

- **Primary PRCS Coordinator: Virginia Steele-Pirie**, Nurse Consultant, Division of Correctional Health Care Services, Mental Health Program. Ms. Steele-Pirie is the CDCR **Departmental Mental Health PRCS Coordinator** and is also the central point of contact for inpatient and crisis care. She has also been the central point of contact for inpatient and crisis care for inmates released on Non-Revocable Parole and is quite experienced in working with counties regarding high acuity inmate-patients.

Email: Virginia.Steele-Pirie@cdcr.ca.gov

Cell: 916-764-4853

- **Secondary PRCS Coordinator: Nancy Merrifield**, Nurse Consultant, Division of Correctional Health Care Services, Mental Health Program.

Email: Nancy.Merrifield@cdcr.ca.gov

- **Denny Sallade**, Deputy Director, Health Care Operations, Division of Correctional Health Care Services

Email: Denny.Sallade@cdcr.ca.gov

Cell: 916-508-3905

- **Sharon Aungst**, Director, Division of Correctional Health Care Services

Email: Sharon.Aungst@cdcr.ca.gov

Cell: 916-956-6916

I. Sample Forms of Release Package

The following forms from the Release Package are attached to the end of this document:

1. Package Cover Sheet
2. Release of Information form
3. Mental Health form 7390-AIMS
4. Mental Health form 7447-Suicide Risk Evaluation
5. Mental Health form 7388-Mental Health Treatment Plan
6. Mental Health form 7389- Brief Mental Health Evaluation
7. Mental Health Work Sheet

Post Release Community Supervision (PRCS) CDCR Package Cover Sheet

To:

Name: _____

Organization: _____

The below offender is being released on PRCS and has signed a consent to release information. The enclosed documents are being sent to assist in the treatment of the offender.

Offender:

Name: _____

CDCR#: _____

Institution Mental Health PRCS Liaison: _____

Phone Number w/Extension: _____

Email Address: _____

Fax Number: _____

Forms Included in Release Planning Package: (Please Check)

☐

7390 – Abnormal Involuntary Movement Scale (AIMS) for Tardive Dyskinesia

☐

7447 – Suicide Risk Evaluation

☐

7388 – Mental Health Treatment Plan

☐

7389 – Brief Mental Health Evaluation

☐

Mental Health Work Sheet

☐

Signed Release of Information

Comments:

AUTHORIZATION FOR RELEASE OF INFORMATION

YOUR INFORMATION			
Last Name:	First Name:	Middle Name:	Date of Birth
Street Address:		City/State/Zip:	CDCR/YA #:

Person/Organization Providing the Information	Person/Organization to Receive the Information
<input type="checkbox"/> California Prison Health Care Services Name: _____ Address: _____ City/State/Zip _____ Phone # : (_____) _____ Fax number: (_____) _____	<input type="checkbox"/> California Prison Health Care Services Name: _____ Address: _____ City/State/Zip _____ Phone # : (_____) _____ Fax number: (_____) _____
[45 C.F.R. § 164.508(c)(1)(iii) & Civ. Code § 56.11(e), (f).]	

Description of Information to be Released (Provide a detailed description of the specific information to be released) [45 C.F.R. § 164.508(c)(1)(i) & Civ. Code § 56.11(d) & (g).]					
<input type="checkbox"/>	Medical	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Genetic Testing
<input type="checkbox"/>	Dental	<input type="checkbox"/>	Substance Abuse/ Alcohol	<input type="checkbox"/>	Communicable Disease
<input type="checkbox"/>	HIV	<input type="checkbox"/>	Psychotherapy Notes	<input type="checkbox"/>	Other (Please specify below:)

For the following period of time: from _____ (date) to _____ (date)					

Description of Purpose for the Use or Release of the Information Indicate how information is to be used. [45 CFR. § 164.508(c)(1)(iv).]					
<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Personal Use	<input type="checkbox"/>	Legal
<input type="checkbox"/> Other (Please specify: _____ _____					

Will the health care provider receive money for the release of this information?

[45 C.F.R. § 164.524(c)(4)(i), (ii).]

Reasonable fees may be charged to cover the cost of copying and postage.

This authorization for release of the above information to the above-named persons/organizations will expire on: _____ (date).

[45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h).]

I understand that:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary. [45 C.F.R. § 164.508(c)(2)(i).]
- I have the right to revoke this authorization by sending a signed notice stopping this authorization to the Health Records department at my current institution. The authorization will stop further release of my health information on the date my valid revocation request is received in the Health Records department. [45 C.F.R. § 164.508(c)(2)(i) & Civ. Code § 56.15.]
- I am signing this authorization voluntarily and that my treatment will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii).]
- Under California law, the recipient of the protected health information under the authorization is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law. (Civ. Code § 56.13)
- If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. [45 C.F.R. § 164.508(c)(2)(ii).]
- I have the right to receive a copy of this authorization. [45 C.F.R. § 164.508 (c)(4) & Civ. Code § 56.11(i)]

Signature:

CDCR/YA Number:

Date:

[45 C.F.R. § 164.508 (c)(vi) & Civ. Code § 56.11(c)(1)]

Representative:

Relationship:

Date:

[45 C.F.R. § 164.502 (g)(1) & Civ. Code § 56.11(c)(2)]

Mental Health AIMS Examination for Tardive Dyskinesia

CDCR 7390 (Rev. 07/11)

Antipsychotic Medication History

Current:

Past:

Tardive Dyskinesia History:

Abnormal Involuntary Movement Scale Examination

Code: 0 = None 1 = Minimal, Extreme Normal 2 = Mild 3 = Moderate 4 = Sever, Incapacitating

		Date:					
Facial and Oral Movements	Muscles of facial expression: e.g., forehead eyebrow area, cheeks, frowning, blinking, smiling, grimacing.						
	Lips and peri-oral area: e.g., puckering, pouting, smacking.						
	Jaw: e.g. biting, clenching, chewing, mouth opening, lateral movement.						
	Tongue: Rate movement increases in and out of mouth, NOT inability to sustain movement, or vermicular.						
Extremity Movements	Arm: Charatic, rapid, purposeless, irregular, spontaneous, athetoid, repetitive, serpentine, NOT tremor.						
	Leg: Lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion foot.						
Trunk Movement	Neck, shoulders, hips: Rocking, twisting, squirming, pelvic gyrations.						
Total Score (Scores of five or above need validation by a second opinion and assessment by the IDTT.)							
Clinician's Name and Title		Signature				Date	
Institution:		Inmate Bed Number:				Level of Care:	

1. Disability Code: 2. Accommodation: 3. Effective Communication:
- ☐ TABE score ≤ 4.0 ☐ Additional time ☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD ☐ Equipment ☐ SLI ☐ P/I summed information
☐ DPS ☐ DNH ☐ Louder ☐ Slower **Please check one:**
☐ DNS ☐ DDP ☐ Basic ☐ Transcribe ☐ Not reached* ☐ Reached
☐ NOT APPLICABLE ☐ Other* *See chrono/notes
4. Comments:

Inmate's Name (Last, First, MI), CDC Number, DOB

Mental Health AIMS Examination for Tardive Dyskinesia

CDCR 7390 (Rev. 07/11)

Instructions:

This form is to be used to assess involuntary movement disorders for inmate-patients who are receiving antipsychotic medication. It may be completed by any clinician or nursing staff who have been trained in the use of this form.

The AIMS form is to be completed at initiation of antipsychotic medication treatment and every six months thereafter. Complete when antipsychotics are discontinued and two months later. Assessment is done with inmate-patient at rest, extending tongue or limbs or performing activities such as finger tapping, standing, or walking. Check for rigidity. Do not rate the tremor. Follow examination steps described below.

Either before or after completing the examination, observe the inmate-patient unobtrusively, at rest (i.e. waiting area). The inmate-patient should use a hard, firm chair without arms.

1. Document the AIMS Test on an Interdisciplinary Progress Note, CDCR 7230-MH, and make any comments there.
2. Stamp the bottom right corner of the form with addressograph or print the inmate's name, CDC number, and date of birth.
3. Complete the Effective Communication label at the bottom of the page. (This is required for all Armstrong inmate-patients only.). If no disability codes are required, check Not Applicable. No further action is required.
4. Print name and title, sign, and date form.
5. File in the UHR.

Antipsychotic Medication History

Complete the sections for current medication history, past medication history, and Tardive history.

Abnormal Involuntary Movement Scale Examination

Complete the examination steps as below:

1. Ask the inmate-patient to remove their shoes and socks.
2. Ask if there is anything in their mouth (i.e. gum, candy, etc.) and if there is, to remove it.
3. Ask the inmate-patient about the current condition of their teeth. Do they currently wear dentures? Are the teeth or dentures causing any problems?
4. Ask whether the inmate-patient notices any movement in their mouth, face, hands, feet, or torso. If yes, ask to describe the extent the movements currently bother them or interfere with activities.
5. Have the inmate sit in the chair with hands on knees, legs slightly apart, and feet flat on the floor. Look at the entire movements while in this position.
6. Have the inmate-patient sit in the chair with hands hanging unsupported. If male, between legs, and if female with dress, hang over knees. Observe hands and other body parts.
7. Have the inmate-patient open their mouth. Observe tongue at rest within the mouth. Repeat this procedure.
8. Have the inmate-patient protrude their tongue. Observe for abnormalities of tongue movement. Repeat this procedure.
9. Have inmate-patient tap their thumb with each finger, as rapidly as possible for 10 to 15 seconds; separately with the right hand, then with the left hand. Observe facial and leg movements.
10. Extend the inmate-patient's left and right arms, one at a time. Note any rigidity.
11. Have the inmate-patient stand. Observe in profile. Observe all body areas, including hips.
12. Have the inmate-patient extend both arms, outstretched in front with palms down. Observe trunk, legs, and mouth.
13. Have the inmate-patient walk a few paces, turn and walk back to the chair. Observe hands and gait. Repeat this step.
14. Total the scores. If the score is five or above, obtain a second opinion. The IDTT should review the case.

Date of Assessment:		Time:	Institution:	Reason for assessment:
Age:	Ethnicity:	Current LOC: <input type="checkbox"/> None <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> MHCB		
Sources of Information (Mark all that apply): <input type="checkbox"/> C/O or Staff Interview(s) <input type="checkbox"/> I/P Interview <input type="checkbox"/> UHR <input type="checkbox"/> C-File <input type="checkbox"/> Other:				

PART 1: DATA COLLECTION

CHRONIC RISK FACTORS (Historic and Demographic)		ACUTE RISK FACTORS (Within 3 months)	
Present?		Present?	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Family history of suicide(s)	<input type="checkbox"/>	<input type="checkbox"/> Suicidal ideation (including passive ideation)
<input type="checkbox"/>	<input type="checkbox"/> History of emotional, physical, or sexual abuse	<input type="checkbox"/>	<input type="checkbox"/> Recent serious suicide attempt
<input type="checkbox"/>	<input type="checkbox"/> History of major depressive disorder	<input type="checkbox"/>	<input type="checkbox"/> Current/recent depressive episode
<input type="checkbox"/>	<input type="checkbox"/> History of psychotic disorder	<input type="checkbox"/>	<input type="checkbox"/> Current/recent psychotic symptoms
<input type="checkbox"/>	<input type="checkbox"/> Chronic pain problem	<input type="checkbox"/>	<input type="checkbox"/> Current/recent anxiety or panic symptoms
<input type="checkbox"/>	<input type="checkbox"/> Chronic medical illness	<input type="checkbox"/>	<input type="checkbox"/> Current/recent substance abuse/intoxication
<input type="checkbox"/>	<input type="checkbox"/> History of substance abuse	<input type="checkbox"/>	<input type="checkbox"/> Hopelessness/helplessness
<input type="checkbox"/>	<input type="checkbox"/> History of violence (including index crime)	<input type="checkbox"/>	<input type="checkbox"/> Increasing interpersonal isolation
<input type="checkbox"/>	<input type="checkbox"/> History of poor impulse control	<input type="checkbox"/>	<input type="checkbox"/> Agitated or angry
<input type="checkbox"/>	<input type="checkbox"/> Perception of loss of social support	<input type="checkbox"/>	<input type="checkbox"/> Current/recent violent behavior
<input type="checkbox"/>	<input type="checkbox"/> First prison term	<input type="checkbox"/>	<input type="checkbox"/> Recent serious medical diagnosis
<input type="checkbox"/>	<input type="checkbox"/> Long or life sentence	<input type="checkbox"/>	<input type="checkbox"/> Disturbance of mood/lability
<input type="checkbox"/>	<input type="checkbox"/> Sex offender	<input type="checkbox"/>	<input type="checkbox"/> Recent trauma (including sexual trauma)
<input type="checkbox"/>	<input type="checkbox"/> Caucasian/White ethnicity	<input type="checkbox"/>	<input type="checkbox"/> Recent bad news, loss or anniversary date
<input type="checkbox"/>	<input type="checkbox"/> Older than 35 years of age.	<input type="checkbox"/>	<input type="checkbox"/> Early in prison term
<input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Recent change in housing (e.g., Ad Seg)
<input type="checkbox"/>	<input type="checkbox"/> History of suicide attempts.	<input type="checkbox"/>	<input type="checkbox"/> Safety concerns (e.g., gang dropout)
Note details (number, lethality, method, age, etc.):		<input type="checkbox"/>	<input type="checkbox"/> Single cell placement
		<input type="checkbox"/>	<input type="checkbox"/> Recent negative staff interactions
		<input type="checkbox"/>	<input type="checkbox"/> Evidence of medication hoarding/cheeking
		<input type="checkbox"/>	<input type="checkbox"/> Recent disciplinary ("115")

PROTECTIVE FACTORS	
Present?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Family Support (e.g. visiting, correspondence)
<input type="checkbox"/>	<input type="checkbox"/> Religious/spiritual/cultural beliefs
<input type="checkbox"/>	<input type="checkbox"/> Interpersonal social support
<input type="checkbox"/>	<input type="checkbox"/> Future orientation/plans for future
<input type="checkbox"/>	<input type="checkbox"/> Exercises regularly
<input type="checkbox"/>	<input type="checkbox"/> Positive coping skills & conflict resolution skills

Does the inmate report a plan to kill him/herself?		Does the inmate report a desire to die?	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. <u>Disability Code:</u> <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. <u>Accommodation:</u> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. <u>Effective Communication:</u> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes	Inmate's Name (Last, First, MI), CDC Number, DOB
4. <u>Comments:</u>			

Instructions

The Suicide Risk Evaluation (SRE) form must be used whenever an inmate presents with signs or symptoms of an elevated risk of suicide. Suicide risk may be indicated by verbalizations of suicidal thoughts, suicide attempts, a significant history of past suicidal ideas or behaviors, and/or other information. A SRE shall be completed:

- Every time an inmate has an initial face-to-face evaluation for suicidal ideation, threats, or attempts.
- By the referring clinician prior to placement of an inmate into an Outpatient Housing Unit (OHU) for continued suicide risk evaluation or into a Mental Health Crisis Bed (MHCB) for suicidal ideation, threats, or attempt.
- After hours, on weekends and holidays, on-call clinicians shall conduct a face-to-face evaluation of suicide risk prior to releasing an inmate to any housing without suicide watch or precaution.
- By the clinician providing coverage after hours, on weekends and holidays, when the referring clinician has not completed an SRE, by the next day (for those inmate-patients placed into an OHU or MHCB).
- By the associated Interdisciplinary Treatment Team (IDTT) and/or clinician for all inmate's placed into an OHU, for mental health reasons, or MHCB, for any reason, upon decision to release or discharge.
- Subsequent to release from an OHU placement that was for the purpose of continued suicide risk evaluation, or discharge from a MHCB placement for the reason of suicidal ideation, threats, or attempts, at a minimum of every ninety (90) days for a twelve month period.
- Within seventy-two (72) hours of return from a Department of Mental Health (DMH) facility, or within twenty-four (24) hours if clinically indicated based on new arrival screening.
- Any time the medical and mental health screening of a new arrival to an institution indicates a current or significant history, over the past year, of suicide risk factors, ideation, threats, or attempts.
- Pursuant to Department Operating Manual, Article 41, Prison Rape Elimination Act Policy, for victims of sexual assault, within four hours after the required sexual assault forensic examination.

The SRE must be completed by a trained clinician any time there is a concern about elevated suicide risk. (When an inmate expresses chronic suicidal ideation without intent or plan, the clinician may document that no change in suicide risk has occurred since completion of the prior SRE, instead of completing a full SRE.) The listing of acute and chronic risk and protective factors is not an actuarial process.

When completed, both parts (pages 1 and 2) must be filed in the Unit Health Record and data entered into the Mental Health Tracking System.

A thorough and adequate SRE includes: 1) Identification of both Chronic and Acute Risk Factors; 2) Identification of recent precipitating stressors; 3) Identification of Protective Factors; 4) Inquiry regarding intent, planning, ideation, behavior; 5) Judgment of Risk Level and its justification; and 6) Treatment Plan that includes methods to reduce acute risk and enhance protective factors.

Specific Instructions:

Part 1: Data Collection

1. Complete each section of Part 1 – include background information and Complete the Effective Communication label at the bottom of the page. (This is required for all Armstrong inmate-patients only.). If no disability codes are required, check Not Applicable. No further action is required.
2. A thorough evaluation of suicide risk requires information about the presence or absence of all risk factors in Part 1. If information is not available –indicate this on the form.
3. At least two sources of information must be used for completing the evaluation, and using all four sources indicated is preferable.
4. Chronic risk factors are unlikely to change on subsequent SRE forms, unless new information is received. If changes are noted these should be indicated.
5. Acute risk factors may change and subsequent SRE forms will reflect these changes.
6. Protective Factors are balanced against Risk Factors.
7. Do not rely only on inmate self-report – use multiple sources of information when possible.

PART 2: ADDITIONAL INFO, ESTIMATE OF RISK, & TREATMENT PLAN

ADDITIONAL DETAILS (INCLUDING MENTAL STATUS EXAM):

ESTIMATE OF RISK

CHRONIC RISK

☐ Low

☐ Moderate

☐ High

ACUTE RISK

☐ Low

☐ Moderate

☐ High

JUSTIFICATION OF RISK LEVEL:

TREATMENT PLAN:

Clinician Name/Title (Print): _____ Date: _____

Clinician Signature: _____

**SUICIDE RISK EVALUATION
CDCR 7447 (Rev. 07/11)**

Confidential Inmate-Patient Information

Inmate's Name (Last, First, MI), CDC Number, DOB

Instructions

Part 2: Additional Information, Risk Level, Justification, and Treatment Plan

1. Supply additional information about the inmate including a mental status exam.
2. The judgment of risk (Low, Medium, High) is based on the factors indicated, but is a matter of clinical judgment.
3. The Justification of Risk should follow directly from the data collected (or conversely: the data collected should lead directly to the justification of assessed risk).
4. While it is true that risk elevates as risk factors accumulate, the simple summation of the number of checked boxes is not to be interpreted as an accurate reflection of the degree of suicide risk. Additionally, risk factors can act synergistically ("the whole is greater than the sum of its parts") and the quality of the interaction between risk factors is not easily captured by a number.
5. Inmates with plans for suicide are at higher risk than those without plans for suicide (although those without plans may still attempt suicide).
6. An accumulation of Acute Risk factors can quickly elevate overall risk.
7. Acute Risk factors can quickly overwhelm Protective Factors.
8. Inmate-patients with two or more documented serious suicide attempts should always be considered at higher risk than those with no history or only one attempt.
9. The Treatment Plan should logically follow from the evaluation (reduction of acute risk, enhancement of protective factors).
10. Consider adding recommendations for short- and medium-term treatment.
11. The clinician completing the evaluation must sign the form and print name legibly.
12. Indicate the date form is completed.
13. Stamp with addressograph, or print inmate name, CDC number, and date of birth.

Treatment Planning

General Issues

- Plans should be based on data collected and the risk level.
- Plans should target changeable (i.e. acute) risk factors and, if possible, reinforcement of protective factors.
- Plans should be collaborations between inmates and clinicians.
- Plans should reflect a problem-solving approach.

Specific Issues

- Use the inmate's language in constructing a plan with them.
- Discuss with the inmate when the plan will be used (e.g., ask: How will you know when to use the plan? What will be happening? What do you experience when you start to have suicidal thoughts?)
- What strategies can the inmate use to reduce or eliminate the suicidal thoughts?
- What environmental changes (if any) could be considered?
- What clinical interventions (e.g., increased frequency of contact; group participation; psychiatric consult; etc.) should be considered?
- Is it possible to increase social or family support?
- If in Administrative Segregation, what interventions could decrease isolation and distress?
- What collaborative efforts with custody could decrease distress and suicidal thinking?
- Include short- and medium-term interventions.

I. Inmate Information			
Custody Level:		EPRD:	Current LOC:
Institution:		Arrival Date: From:	IDTT:
<input type="checkbox"/> Initial		<input type="checkbox"/> Bi Weekly MHCB Review	<input type="checkbox"/> Quarterly Review
Update:		Update:	Update:
<div>1. <u>Disability Code:</u> <input type="checkbox"/> TAFE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable</div>		<div>2. <u>Accommodation:</u> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*</div>	<div>3. <u>Effective Communication:</u> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes</div>
<div>1. <u>Disability Code:</u> <input type="checkbox"/> TAFE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable</div>		<div>2. <u>Accommodation:</u> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*</div>	<div>3. <u>Effective Communication:</u> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes</div>
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II. Risk Factors/Behavioral Alerts			
History of: <input type="checkbox"/> Self Injurious Behavior <input type="checkbox"/> Suicide Attempts <input type="checkbox"/> Assaultive Behavior <input type="checkbox"/> Sexual Misconduct			
<input type="checkbox"/> History or Current Suicidal Ideation <input type="checkbox"/> Meds Alert <input type="checkbox"/> Keyhea			
For Additional Information See Form:		Dated:	Date of Last SRE:
Describe:			
III. Clinical Summary			
IV. Psychotropic Medications			
Medication and dosage:	Target Symptom:	Goal:	Progress/Date:
Labs Ordered: <input type="checkbox"/> None			
<input type="checkbox"/> Chem 7 <input type="checkbox"/> Bun/Cr <input type="checkbox"/> Amylase	<input type="checkbox"/> CMP/Chem 20 <input type="checkbox"/> LFT <input type="checkbox"/> EKG	<input type="checkbox"/> Chem 11 <input type="checkbox"/> CBC w/ diff. <input type="checkbox"/> Teg	<input type="checkbox"/> Chem 10 Lipid <input type="checkbox"/> RPR <input type="checkbox"/> Lithium Level
<input type="checkbox"/> Fasting Lipids <input type="checkbox"/> TSH <input type="checkbox"/> Valpro	<input type="checkbox"/> Fasting blood Gluc/A1C <input type="checkbox"/> Thyroid Panel <input type="checkbox"/> Prolac		
Referral for Medical Evaluation Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type:	
V. DSM IV Diagnosis			
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V	GAF Equivalent =		
<div>1. <u>Disability Code:</u> <input type="checkbox"/> TAFE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> NOT APPLICABLE</div>		<div>2. <u>Accommodation:</u> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*</div>	<div>3. <u>Effective Communication:</u> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes</div>
4. <u>Comments:</u>		Inmate's Name (Last, First, MI), CDC Number, DOB	

Instructions

The Mental Health Treatment Plan shall be used for every inmate in the Mental Health Services Delivery System (MHSDS). The treatment plan should be started by the Clinical Case Manager or Primary Clinician and discussed and completed by the Interdisciplinary Treatment Team (IDTT) within 14 working days after admission for CCCMS inmates; within 14 or 28 calendar days after admission to EOP; and within 24-hours of admission to the MHCB. Refer to MHSDS Program Guide for details. This form should be revised and a new form completed whenever there is a change in the inmate's condition, treatment plan, or level of care. A new Treatment Plan form must be completed at least annually for inmates in the CCCMS and EOP programs.

General Instructions

1. All items on the form must be filled in.
2. The handwriting must be legible. Print or type if necessary.
1. Complete the Effective Communication label at the bottom of the page. (This is required for all Armstrong inmate-patients only.). If no disability codes are required, check NOT APPLICABLE. No further action is required.
2. Use an addressograph stamp or write the inmate's name, CDC number, and Date of Birth in the bottom right box on each page.

I. Inmate Information

1. Indicate the inmate's current custody level.
2. Enter the inmates Expected Parole Release Date (EPRD).
3. Enter current Level of Care (LOC), current housing, and current institution.
4. Fill in the Arrival Date at the treatment setting and indicate from which institution/level of care.
5. Enter today's date and the date of the next required update (one year for routine CCCMS and EOP). The next update may be scheduled at an earlier date according to the inmate's clinical needs or other factors.

Update:

1. If there are no changes in the inmate's functioning, treatment plan, or level of care, enter the date reviewed and initials of team leader at the top of the page.
2. Complete the Effective Communication label under the update section. (This is required for all Armstrong inmate-patients only.). If no disability codes are required, check NONE. No further action is required.
3. A detailed progress note is required when the CDCR 7388 is reviewed but not changed. List the members who attended the meeting in the progress notes.
4. No more than three updates may be used on a Mental Health Treatment Plan. After three updates, a new treatment plan shall be created.

II. Risk Factors/Behavioral Alerts

1. Check box(s) indicating current risk factors and behavioral alerts. If additional information was used from another source, indicate from which source (i.e. form name), date of source, and briefly describe.
2. Enter the date of the last SRE.

III. Clinical Summary

Write a brief clinical summary describing key factors in the inmate's clinical condition and need for treatment.

IV. Psychotropic Medications

1. Indicate the name of the medication and dosage, target symptom, and goal of treatment with that medication (i.e., reduce hallucination, decrease depression), and progress/date.
2. Labs Ordered – This section shall be completed by the psychiatrist at the IDTT. Check appropriate box(es) of labs to be ordered (examples below). If no labs to be ordered, check NONE.
 - a. Chem 11 (Na, K, Cl, CO2, Glu, Bun, Cre, Amy, Ast, Alt, Ldh, Ggt, Ca, Mg, Phos, Tp, or Bili)
 - b. Chem 10 Lipid (CHOL, HDL, TRIG, Calc, LDL, or VLDL)
 - c. CBC w/ diff. (inc. ANC)

V. DSM IV DIAGNOSIS

This shall be the official diagnosis decided by the IDTT. List all DSM diagnoses. Give name and DSM number. For inpatients, also give ICD Code. Reception Center diagnosis may be provisional. Axis IV: Rate each domain of functioning as: no impairment (leave domain blank), Mild = 1, Moderate = 2, Severe = 3. Use results to determine the Global Assessment of Functioning (GAF) using scale in DSM manual.

VI. Mental Status Examination	
A. Appearance	
B. Behavior/Cooperation	
C. Orientation <input type="checkbox"/> WNL	
D. Speech <input type="checkbox"/> WNL	
E. Affect <input type="checkbox"/> WNL	
F. Mood <input type="checkbox"/> WNL	
G. Sleep/Appetite <input type="checkbox"/> WNL	
H. Cognition: Fund of Information <input type="checkbox"/> WNL Intellectual Functioning <input type="checkbox"/> WNL Concentration <input type="checkbox"/> WNL Attention <input type="checkbox"/> WNL Memory <input type="checkbox"/> WNL	
I. Thought Process <input type="checkbox"/> WNL <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Loose <input type="checkbox"/> Laborious/slow <input type="checkbox"/> Other:	
J. Perception: Hallucinations <input type="checkbox"/> None	
K. Thought Process: Delusions <input type="checkbox"/> WNL Ideas of Reference <input type="checkbox"/> WNL Obsessions <input type="checkbox"/> WNL Magical Thinking <input type="checkbox"/> WNL <input type="checkbox"/> Other:	
L. Insight <input type="checkbox"/> WNL	
M. Judgment <input type="checkbox"/> WNL	
MENTAL HEALTH TREATMENT PLAN CDCR 7388 (Rev. 07/11) Confidential Inmate-Patient Information	Name (Last, First, MI), CDC Number, DOB

Instructions

VI. Mental Status Examination

- A. Appearance - Describe inmate's appearance, including dress, grooming, body type, posture, nutritional status, hair color, and anything unusual.
- B. Behavior/ Cooperation - Describe inmate's general behavior including reaction to interview, eye contact, psychomotor movements, unusual gestures, facial movements, abnormal movements, level of cooperation, estimate of truthfulness, and accuracy of information provided.
- C. Orientation: - Indicate if inmate is oriented in all spheres; describe deficits or check WNL.
- D. Speech - Note if there are any unusual speech patterns, speech disorders (i.e., stuttering), problems of articulation, pressured speech, unusual phrasing and grammar, unusual use of words, neologisms or check WNL.
- E. Affect - Describe emotional expression including range of feelings, appropriateness, intensity, and duration or check WNL.
- F. Mood - Describe quality, stability, reactivity, intensity, and duration. If depressed, explore past history of depressive episodes or check WNL.
- G. Sleep/Appetite - Describe any problems with patient's sleep patterns: hypersomnia, insomnia or check WNL. If insomnia, inquire whether there is a problem falling asleep, staying asleep, or early morning awakening. Ask about nature of dreams. Indicate duration of problem. Describe increased or decreased appetite, weight gain or weight loss, duration of problem. Ask about eating disorders.
- H. Cognition - Describe in detail any abnormal cognitive processes or check WNL. Fund of Information: Indicate whether normal, impoverished, enriched. Intellectual Functioning: In addition to information gained during the course of the interview, indicate results of intellectual screening/testing, TABE test, or school performance if available. Estimate whether intellectual ability lies in below average, average, or above average range.
- I. Thought Processes - Include description of organization, and level of abstraction. Check WNL or tangential, circumstantial, loose, or laborious/slow (check all that apply).
- J. Perception: Hallucinations. Describe any type of perceptual disturbances (i.e., auditory, visual, olfactory); when they started, whether present all the time, and how they are controlled or check WNL.
- K. Thought Process: Delusions. Describe content, meaning, type, (i.e., grandiose, paranoid, guilt), and inmate's reaction or check WNL.
- L. Insight - Describe level of awareness and understanding of symptoms and problems or check WNL.
- M. Judgment - Describe inmate's ability to make socially appropriate decisions, set reasonable goals, cope effectively with problems of daily living, respect the rights of others or check WNL.

VII. Current Treatment Plan		
Problem Description:		
Long-Term Goal(s)	Target Date	Clinical Status Progress/Date
Responsible Person: Short-Term Goal(s)	Target Date	Clinical Status Progress/Date
1.		
Treatment Modality: Responsible Person:		
2.		
Treatment Modality: Responsible Person:		
3.		
Treatment Modality: Responsible Person:		
Problem Description:		
Long-Term Goal(s)	Target Date	Clinical Status Progress/Date
Responsible Person: Short-Term Goal(s)	Target Date	Clinical Status Progress/Date
1.		
Treatment Modality: Responsible Person:		
2.		
Treatment Modality: Responsible Person:		
3.		
Treatment Modality: Responsible Person:		
MENTAL HEALTH TREATMENT PLAN CDCR 7388 (Rev. 07/11) Confidential Inmate-Patient Information		Inmate's Name (Last, First, MI), CDC Number, DOB

Instructions

VII. Current Treatment Plan

1. Indicate the problem and describe the problem (i.e., isolating self from others).
2. Indicate the long-term goal for the problem (i.e. participate in full program). Describe the goal of the treatment in measureable, behavioral terms.
3. Indicate the short-term goal for the problem (i.e. attend yard two times per week and group once a week). At a minimum, one short-term goal shall be included for each long-term goal. Describe the goal of the treatment in measureable, behavioral terms.
4. Describe the type of intervention or treatment modality (i.e., individual or group therapy, anger management) and person responsible.
5. If this is an updated treatment plan, briefly describe the inmate's clinical progress toward the goal and date.
6. Include interventions for lack of inmate-patient participation in treatment.

VIII. Inmate-Patient Strengths and Weaknesses			
Inmate-Patient Strengths	Inmate-Patient Weaknesses		
1.	1.		
2.	2.		
3.	3.		
4.	4.		
IX. Inmate-Patient Participation in Treatment Planning			
Contributed to goals and plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refused to participate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aware of plan content	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unable to participate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Present at team meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refused to sign	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inmate-Patient's Comments:			
<div style="border-bottom: 1px solid black; width: 100%;"></div> Inmate-Patient Signature			
X. Transfer/Discharge Planning			
Transfer/Discharge to: <input type="checkbox"/> Non-MHSDS <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> MHCB <input type="checkbox"/> APP <input type="checkbox"/> ICF <input type="checkbox"/> Parole			
Will inmate be discharged as medical necessity to lower level of care, document rationale: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe:			
XI. Treatment Team Members			
	Member Signature:	Date:	Print Name:
Primary Clinician:			
Psychiatrist:			
Correctional Counselor:			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			

MENTAL HEALTH TREATMENT PLAN CDCR 7388 (Rev. 07/11) Confidential Inmate-Patient Information	Inmate's Name (Last, First, MI), CDC Number, DOB
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Instructions

VIII. Inmate-Patient Strengths and Weaknesses

List strengths and weaknesses for the inmate (i.e. medication compliant, good insight, or poor treatment compliance).

IX. Inmate-Patient Participation in Treatment Planning

1. Based on the inmate's participation, check the appropriate box(es).
2. Allow the inmate to provide comments about the treatment plan.
3. Have the inmate sign the treatment plan.

X. Transfer/Discharge Planning

1. If inmate is being transferred or discharged, check box to indicate level of care.
2. Briefly describe the discharge plan. This section should describe the reasons for the new level of care.

XI. Treatment Team Members

Each member of the team must sign their name, date, and legibly print their name. If included in the "other section" title (i.e. Primary Clinician), sign, date, and print name.

Brief Mental Health Evaluation

CDCR 7389 (Rev. 07/11)

BRIEF MENTAL HEALTH EVALUATION			
Reason for Evaluation: <input type="checkbox"/> Self Referral <input type="checkbox"/> Staff Referral <input type="checkbox"/> Medication Review <input type="checkbox"/> CTC Pre-Admission <input type="checkbox"/> Update			
Current Level of Care: <input type="checkbox"/> None <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> MHCB <input type="checkbox"/> Other			
Current Housing: <input type="checkbox"/> GP <input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> RC <input type="checkbox"/> SNY <input type="checkbox"/> Other			
I/M Ethnicity (CDCR Designation):			Non-English Language:
I/M Ethnicity (Self-Designation): (Circle or Check all that apply) <div style="display: flex; flex-wrap: wrap; padding-left: 20px;"> <div style="width: 33%;"><input type="checkbox"/> Asian (Chinese, Vietnamese, Cambodian, Korean, Filipino, Japanese, Indian, Laos, Hong Kong, Thailand, other parts of Asia)</div> <div style="width: 33%;"><input type="checkbox"/> Black (African American, Haitian, Creole and other Caribbean groups, African Immigrant)</div> <div style="width: 33%;"><input type="checkbox"/> Hispanic (South American, Central American, Mexican, Cuban, Puerto Rican, Other)</div> <div style="width: 33%;"><input type="checkbox"/> White (Caucasian, European, Russian, South African, Australian)</div> <div style="width: 33%;"><input type="checkbox"/> Native American (Over 100 federally-recognized Indian tribes in California with about 40 Indian Groups seeking federal recognition; California Indians have dozens of languages and dialect from seven major language families: Hokan, Penutian, Algonkian, Shoshonean, Athabascan, Lutuamian, and Yukian)</div> <div style="width: 33%;"><input type="checkbox"/> Other (Pacific Islander, Native Hawaiian, etc.)</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> </div>			
Institution Arrival Date:		CDCR Arrival Date:	ERPD: Cooperation: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Sources of Information: <input type="checkbox"/> Inmate Interview <input type="checkbox"/> UHR <input type="checkbox"/> C-File <input type="checkbox"/> Staff Interview <input type="checkbox"/> Other			
A. Presenting Problem:			
B. MH Past History: <input type="checkbox"/> No Significant MH History <input type="checkbox"/> No Hx Psychiatric Medication <input type="checkbox"/> Outpatient Psychiatric <input type="checkbox"/> Inpatient Psychiatric <input type="checkbox"/> Outpatient Substance Abuse <input type="checkbox"/> Inpatient Substance Abuse <input type="checkbox"/> Suicide Attempts, #			
C. Results of Risk Assessment: <input type="checkbox"/> Suicidal <input type="checkbox"/> Assaultive <input type="checkbox"/> Other <input type="checkbox"/> See Detailed Documentation: From Date			
D. Check Current Problems: <input type="checkbox"/> Appearance <input type="checkbox"/> Orientation <input type="checkbox"/> Behavior <input type="checkbox"/> Speech <input type="checkbox"/> Mood <input type="checkbox"/> Affect <input type="checkbox"/> Memory <input type="checkbox"/> Concentration <input type="checkbox"/> Delusions <input type="checkbox"/> Appetite <input type="checkbox"/> Sleep <input type="checkbox"/> Insight and Judgment			
E. Evaluation, Mental Status, and Formulation:			
F. Diagnostic Impression: <input type="checkbox"/> No DSM Diagnosis – Axis I <input type="checkbox"/> No Change – Copied from CDCR Form 7386 <input type="checkbox"/> New Diagnosis <input type="checkbox"/> No previous diagnosis <input type="checkbox"/> Referred to IDTT for change in diagnosis			
Axis I:			
Axis II:			GAF:
G. Recommendation/Psychotropic Medication and Target Symptoms:			
<input type="checkbox"/> Referral to MHSDS <input type="checkbox"/> Change LOC: <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> MHCB <input type="checkbox"/> APP <input type="checkbox"/> ICF <input type="checkbox"/> GP			
<input type="checkbox"/> Place in OHU <input type="checkbox"/> Placement Chrono Completed (if change in level of care)			
<input type="checkbox"/> Follow up:			
INSTITUTION:		CLINICIAN:	Inmate's Name (Last, First, MI), CDC Number, DOB
INMATE BED NUMBER:		DATE:	
1. <u>Disability Code:</u> 2. <u>Accommodation:</u> 3. <u>Effective Communication:</u> <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> Additional time <input type="checkbox"/> P/I asked questions <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> P/I summed information <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> Louder <input type="checkbox"/> Slower Please check one: <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other* *See chrono/notes			
4. <u>Comments:</u>			

INSTRUCTIONS

The Brief Mental Health Evaluation Form may be used whenever a brief mental health evaluation of an inmate is completed (e.g., at the time of medication evaluation by a psychiatrist, for regularly scheduled appointments, or for evaluation of an inmate-patient prior to Mental Health Crisis Bed referral). The form may be used instead of an Interdisciplinary Progress Note when a brief evaluation is conducted.

1. Fill in all relevant items on the form.
2. The handwriting must be legible. Print or type if necessary.
3. Indicate current housing and Level of Care. Check all boxes that apply. Indicate ethnicity and primary language. Indicate custody level I, II, III, IV. Enter date inmate arrived at CDCR for current term and earliest possible release date. Describe inmate's level of cooperation. Indicate source of information. Check all boxes that apply. If inmate does not speak English, indicate primary language.
 - A. Describe the inmate's current status, including problems and symptoms that prompted referral. If the inmate is in a mental health program and is being seen for a routine update, so state.
 - B. Mental Health Past History. Check all boxes that apply. Indicate the number of suicide attempts if applicable.
 - C. Results of Risk Assessment. Check all boxes that apply. Summarize risk and protective factors.
 - D. Present Mental Status. Check all boxes that are problematic. Further describe in Section E.
 - E. Narrative summary of findings of evaluation. Elaborate on any symptoms checked in Section D.
 - F. If a diagnosis is warranted, give DSM IV number and names of diagnoses. Check boxes to indicate if there is no diagnosis and whether the diagnosis listed is the same as previous diagnosis or is a change. If the diagnosis is different than the CDCR Form 7386, refer for review by an Interdisciplinary Treatment Team.
 - G. Recommendation. Describe recommended course of action. If a referral is being made to a treatment program, check box and indicate level of care. This should be accompanied by a Mental Health Placement Chrono, CDCR 128-MH3. Check box that chrono is completed. If a follow-up visit by a clinician is recommended, check box and indicate who should follow up and by what date. For evaluations conducted by a psychiatrist, include medications and target symptoms.
4. Clinician completing evaluation should sign form. Enter name of Institution, print clinician's name, enter inmate's current bed number, and date evaluation was completed.
5. At bottom of form, stamp with addressograph or print inmate's name, CDC number, and date of birth.
6. Complete the Effective Communication label at the bottom of the page. (This is required for all Armstrong inmate-patients only.). If no disability codes are required, check Not Applicable. No further action is required.
7. If more space is needed for any section, continue on an Add-a-Page, CDCR Form 7386, Page 7.

COUNTY MENTAL HEALTH WORKSHEET**INSTITUTION:****Attachment 3**

CDCR# <input style="width: 40px;" type="text"/>	INMATE NAME (Last, First, MI):	DATE OF BIRTH:
COUNTY OF RESIDENCE:	RELEASE DATE:	SOCIAL SECURITY NUMBER:
SUPPLEMENTAL BENEFITS APPLIED FOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDI-CAL APPLICATION COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO
CLINICAL INFORMATION		
MENTAL HEALTH SERVICES DELIVERY SYSTEM LEVEL OF CARE (check current level): <input type="checkbox"/> Outpatient <input type="checkbox"/> Day Treatment <input type="checkbox"/> Inpatient <input type="checkbox"/> DMH		
Clinical opinion shall be based on current functioning in the correctional setting as well as prior functioning, if known, in the community:		
1) Activities of Daily Living - the individual assessed should be capable of:		
a) Riding public transportation upon release without disorganization or disruptive behavior?		<input type="checkbox"/> yes <input type="checkbox"/> no
b) Independently using a vehicle or local transit system to move within the community without getting lost or confused about his/her destination?		<input type="checkbox"/> yes <input type="checkbox"/> no
c) Securing food, clothing, shelter and other essentials in a manner sufficient to sustain life?		<input type="checkbox"/> yes <input type="checkbox"/> no
d) Making his or her healthcare needs known to others?		<input type="checkbox"/> yes <input type="checkbox"/> no
e) Following doctor's orders, including taking medications as prescribed?		<input type="checkbox"/> yes <input type="checkbox"/> no
(Explain any "NO" answers, from the section above, in the comments section)		
2) Mental Status		
a) At this time does the inmate-patient qualify as gravely disabled (unable to appropriately utilize food, clothing and/or shelter when provided)?		<input type="checkbox"/> yes <input type="checkbox"/> no
b) Upon release from prison, will the individual likely qualify as gravely disabled (unable to provide for his/her own food, clothing and/or shelter)?		<input type="checkbox"/> yes <input type="checkbox"/> no
c) At this time does the inmate-patient present a substantial physical danger to others?		<input type="checkbox"/> yes <input type="checkbox"/> no
d) Does there exist a substantial threat of physical danger to a reasonably identifiable victim?		<input type="checkbox"/> yes <input type="checkbox"/> no
• Has law enforcement been notified?		<input type="checkbox"/> yes <input type="checkbox"/> no
e) At this time is the inmate-patient considered a danger to self?		<input type="checkbox"/> yes <input type="checkbox"/> no
f) Would the individual benefit from a conservatorship if returned to the community by the projected parole date?		<input type="checkbox"/> yes <input type="checkbox"/> no
(Explain any "Yes" answers from the section above, in the comments section)		
If a temporary conservatorship has been initiated or completed, describe in comments section		
3) Keyhea (involuntary medication)		
a) At this time is the inmate-patient involuntarily medicated per a <i>Keyhea</i> order? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, the Keyhea is based on (check all that apply)		
<input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Grave Disability		
4) Medications (List name, route and dosage of currently prescribed medications)		
1. _____ 3. _____		
2. _____ 4. _____		
5) Not capable of using the following modes of transportation:		
<input type="checkbox"/> Public Transport <input type="checkbox"/> CDCR Transport (State Vehicle) <input type="checkbox"/> Ambulance <input type="checkbox"/> Family/Private Transport Arranged <input type="checkbox"/> Not Applicable		
6) Has the "Authorization for Release of Information" Form been signed by the Inmate/Patient? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7) SPECIAL COMMUNICATION ASSISTANCE NEEDS: <input type="checkbox"/> None Indicated <input type="checkbox"/> Indicated (check all that apply).		
<input type="checkbox"/> No English Language <input type="checkbox"/> Limited English <input type="checkbox"/> Reading Grade Level ≤ 4.0		
For Intellectual Impairment use: <input type="checkbox"/> Simple Language <input type="checkbox"/> Assist Reading/Writing <input type="checkbox"/> Check for Understanding		
For Hearing Impairment use: <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Sign Language <input type="checkbox"/> Louder Voice <input type="checkbox"/> Written Communication		
For Vision Impairment use: <input type="checkbox"/> Glasses <input type="checkbox"/> Magnifying Glass <input type="checkbox"/> Assist Reading and Writing		
8) Comments:		
Mental Health Primary Clinician (Print)		Date